Name:
Position:

Setting Your QI Goals

Question	Your Plan
What data sources will you use to identify a performance gap in your practice? (Examples: performance measure data in a registry, PQRS report, performance measure calculated from patient records (20-30 patients), practice assessment survey data, etc.)	The data we will use to identify a performance gap includes:
What were your performance gap(s)? (Examples: *Diabetes:* 20% of the 30 diabetic patients have a documented foot exam *Immunizations*: 20% of 30 patients over age 60 have received a vaccine for shingles *Chronic Pain:* 0% of patients with chronic pain have a documented depression screen. *Atrial Fibrillation*: 20% of 30 patients with atrial fibrillation do not have a documented CHADS or CHADS-VASC assessment)	Our performance gaps are:

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Building Your Team Worksheet

Question	Your Plan
Who will be part of your change team? Be sure to include individuals with clinical expertise related to the project aim, relevant practice workflow/technical expertise, and someone who can manage the project day-to-day. (Example: You will be working on a project to increase hepatitis B vaccination among your diabetic patients. You will serve as the clinical lead. Your technical lead will be your nurse who generally vaccinates patients and keeps track of vaccine stock, and can generate the list of diabetic patients without a hepatitis B vaccine from the EHR. The day-to-day project manager will be your medical assistant who can help generate the patient list during the project and can keep track of the results.)	**Clinical Lead(s) (specify title for each individual):** **Technical Lead(s) (specify title for each individual):** **Day-to-Day Project Manager(s) (specify title for each individual):**
How will you work with your project team to finalize the PDSA design? (Example: Within 2 weeks of returning to our clinic, our QI team will meet to discuss the preliminary plan developed at the ACP annual meeting and discuss needed data to confirm the approach and develop more details for implementation in the finalized PDSA.)	**Our team will finalize the PDSA design by:**
Who will be the champion of your project among the leadership of your practice? (Example: the CMO of your ACO or IPA.)	**Our leadership champion(s) will be (specify title for each individual):**

Name:

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ACP Quality Connect: PDSA Planning Roadmap Worksheet

Question	Your Plan
What is your planned change? (Example: Our PDSA aim and goal is to increase the number of diabetic patients receiving foot exams from 20% to 50% in the next three months. Our plan involves having the staff who rooms the diabetic patient to ask them to remove their footwear.)	**Our planned change is:**
What outcome do you predict? (Example: We predict that 50% of diabetic patients seen during the timeframe of this cycle will have their footwear removed.)	**Our predicted outcome is:**
When will you implement the change? (Example: The change will be implemented over the month of June)	**We will implement the change in the following timeframe:**
Where will you implement the change? (Example: We will implement this change in one of our clinics.)	**We will implement the change in the following location (specify the type of practice or facility):**
Which patients will be involved? (Example: My patients with a known diagnosis of diabetes and scheduled appointments in the next month.)	**We will involve the following patient population:**

Question	Your Plan
How will you save time and enhance teamwork in the workflow change? (Example: we will save time by implementing team documentation and pre-visit planning strategies. We will enhance teamwork through daily huddles. We will save costs by improving efficiency through pre-visit planning.)	**We will save time by:** **We will enhance teamwork by:** **We will save costs by:**
Who will implement the change? (Example: the medical assistant, who reviews patient records for next day appointments, will highlight the diabetics on a printed schedule list; the MA will be responsible for asking diabetic patients to remove their foot wear.)	**The following members of the team will implement the change (specify position of each individual and their specific tasks):**
How will you measure the change? (Examples: One day each week, the MD will move a penny from the right pocket to the left if footwear removed as they enter the exam room. The MD or MA will add the number of pennies in the left pocket to the run chart at the end of the day or patient survey 1 day/wk will be used – see below. Patients complete a quick survey asking if they were instructed to remove footwear before the doctor walks in the door. These surveys are collected at the end of each day by the MA and used to fill out the run chart.)	**The following members of the team will be involved in measuring the change by (specify position of each individual and their specific tasks):**
How will the team track the change? (Example: One day each week MD will give the pennies to the medical assistant who will calculate % of diabetics seen who had footwear removed/total # of diabetics. MA counts the # provides a verbal update every week and creates a run chart to be displayed in the staff conference room or MA can calculate answers from patient survey weekly and chart- see below	**We will track and communicate the results of our planned change by:**
How will the team celebrate success? (Example: we will provide Starbucks gift cards to the QI team when the goal has been achieved; we will recognize a team member each month who has demonstrated strong leadership and engagement in the QI activity- see ways to celebrate).	**We will celebrate success of our planned change by:**

Sample Run Chart Worksheet

Performance Data Specifications

| Performance Data Specifications	Your Data Specifications
Example: Your PDSA involves staff having every diabetic patient remove their footwear upon rooming. The change will be measured by having the physician move a penny from the right to left pocket and giving it to the MA to tally. Or upon checkout patient is given a 1 question survey-"Were you asked to remove your footwear?" Do you have diabetes?	**Performance Data:**
Performance data: Percent of diabetic patients seen during the PDSA who had their shoes and socks removed per day.	**Frequency of Calculation:**

Run Chart and Notes

Sample Run Chart Data:

Time Interval (X-axis)	1	2	3	4	5	6	7	8	9	10
% of diabetic patients seen with shoes and socks removed (Y-axis)										

Sample Run Chart:

Percentage of Diabetic Patients with Shoes and Socks Removed Per Day
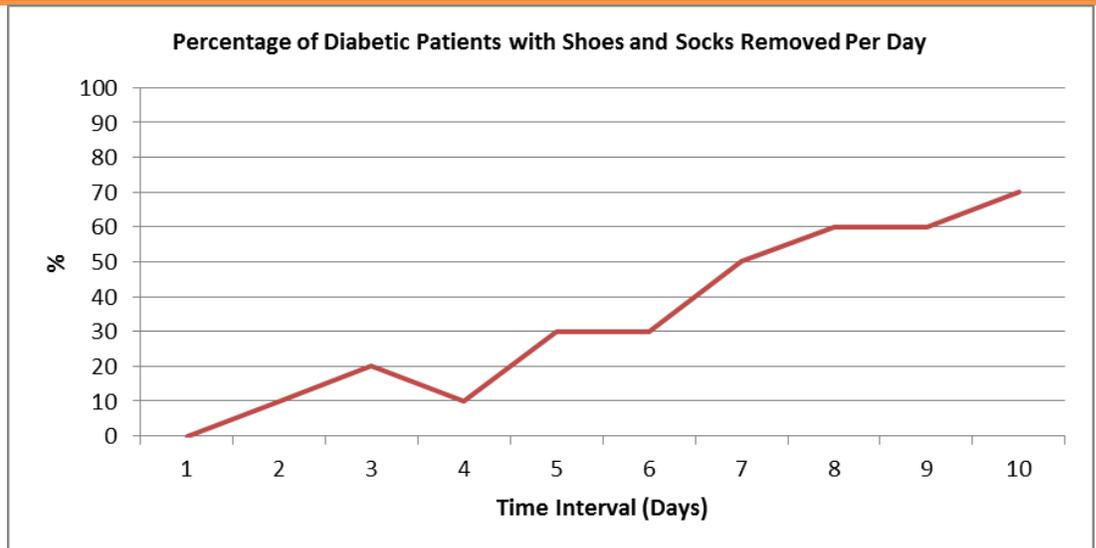
Sample Notes: We discussed the modest increase over the 1st week at our Monday team meeting. It was noted that the nurse sometimes missed that the patient was a diabetic. So the MA created a bigger handout about the importance of foot exam, wrote patients name on it and front desk handed it to patient upon check-in Performance grew through the second week, exceeding expectations of reaching 50%.

Name:

Position:

Your Run Chart Worksheet

Your Data Specifications

Performance Data:

Frequency of Calculation:

Run Chart and Notes

Sample Run Chart Data:

Time Interval (X axis)	1	2	3	4	5	6	7	8	9	10
Performance measurement (%) (Y axis)										

Your Run Chart:

Performance Measure

100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	

Time Period 1　2　3　4　5　6　7　8　9　10

Your Notes:

Name:

Position:

Communicating Change Worksheet

Question	Your Plan
To whom do you need to communicate with to develop this plan?	The *leadership* we need to communicate with include (specify title for each individual): The *peers* we need to communicate with include (specify title for each individual): The *other staff members* we need to communicate with include (specify title for each individual): The *patient population* to whom we need to communicate this change is: The *community members* we need to communicate with include (specify title for each individual):
What information do you need to convey? (Examples: baseline performance measure data, cost data, etc.)	Information to communicate to *leadership*: Information to communicate to *peers*: Information to communicate to *other staff members*: Information to communicate to *patients*: Information to communicate to *the community*:

Question	Your Plan
Mechanism by which we will communicate this information? (Example: in-person, email, patient portal, phone call, social medial)	**We will communicate to the *leadership* via:** **We will communicate to our *peers* via:** **We will communicate to the *other staff members* via:** **We will communicate to the *patients* via:** **We will communicate to the *community* via:**
When will you communicate this information? (Example: we will communicate this information to leadership by the end of the month; we will follow-up on a quarterly basis)	**We will communicate this information to the *leadership* by:** - **We will follow-up on this communication by:** **We will communicate this information to our *peers* by:** - **We will follow-up on this communication by:** **We will communicate this information to *other staff members* by:** - **We will follow-up on this communication by:** **We will communicate this information to *our patients* by:** - **We will follow-up on this communication by:** **We will communicate this information to *the community* by:** - **We will follow-up on this communication by:**

Question	Your Plan
What will be your key messages to your leadership in order to gain their support? (Example: I would like to implement a quality improvement project in our residency program focused on increasing adult pneumococcal immunization rates. Not only would this project satisfy ACGME training requirements, but it will help us work on a key performance measure at our institution that is publicly reported and now is quite low. We will not require resources because we can utilize a toolkit from the ACP which is free. Ultimately, this vaccine will help prevent our patients from developing pneumonia, which is a costly disease largely due to hospitalizations, as this recently published article has shown (Kohli MA et al., "Despite High Cost, Improved Pneumococcal Vaccine Expected to Return 10-Year Net Savings of $12 Billion," Health Affairs, 2015.)	**This project will help fulfill the following performance reporting/QI requirements:** **This project requires minimal resources, including:** **This project could help us improve the following clinical/financial outcomes:**
How could you gain the patient perspective? (Example: Include a patient representative on the QI team.)	**We will seek the input of our patients by:**

Name:

Position:

Linking Quality Improvement to Value-based Payment

Question	Your Plan
What value-based payments are involved? (Example: MIPS, Advanced APMs, Bridges to Excellence, etc.)	**The following value-based payment programs are related to our QI project:**
What measures are being used? (Examples: MIPS, Bridges to Excellence, HEDIS)	**We will use the following measures:**
What benchmarks are being used? (Examples: national performance rates, practice or health system-wide average performance rates, etc.)	**We will compare our performance across the following benchmarks:**
What will be your strategy for reporting? (Examples: Qualified Clinical Data Registry (QCDR), claims-based reporting, EHR reporting, other registry, patient surveys etc.)	**We will use the following reporting tools:**